CenterPoint Chiropractic

Patient Health Update

Name (First)_____ (MI) _____ (Last) _____

Is this visit a result of a Work Comp Injury? □ Yes □ No

Is this visit a result of a Motor Vehicle Accident? □ Yes □ No

Is this visit the result of a Liability Accident? □ Yes □ No

If any of the above three questions were answered YES, please go see the receptionist immediately. Thank you!

Reason for your visit? _____

When did you first notice the symptoms? _____

Is this condition getting progressively worse? _____

Where specifically is the problem(s) located? _____

Which activities are difficult to perform? ◘ Sitting ◘ Standing ◘ Walking ◘ Bending ◘ Lying Down ◘ Other_____

Pain aggravated by: ◘ Coughing ◘ Sneezing ◘ Straining ◘ Bowel Movement

◘ Neck Flexion ◘ Neck Extension ◘ Neck Rotation ◘ Neck Lat. Flexion

Type of pain: ◘ Sharp ◘ Dull ◘ Throbbing ◘ Numbness ◘ Aching ◘ Shooting

◘ Burning ◘ Tingling ◘ Cramps ◘ Stiffness ◘ Swelling ◘ Other

Rate the severity of your pain from 0 (no pain) to 10 (constant sever pain – incapacitated): _____

Is the pain constant or does it come and go? _____

What treatment have you already received for your condition? ◘ Medication ◘ Surgery ◘ Physical Therapy ◘ Other

Name and address of other doctor(s) who have treated you for your condition:

_____

Have you had any x-rays, MRI's, or CT's taken? □ Yes □ No When? _____ Where? _____

Current Medications: _____

Drug Allergies: _____

List any recent…

Surgeries: _____

Major Accidents: _____

New Diagnosis of Diseases, Major Illnesses, or Injuries: _____

(Women) Are you pregnant? ◘ Yes ◘ No Nursing? ◘ Yes ◘ No Taking birth control pills? ◘ Yes ◘ No

Are you currently trying to become pregnant? ◘ Yes ◘ No Date of last menstrual cycle? _____

Patient Signature: _____ Date _____

17 years of age and under required signature of Parent/Guardian/Responsible Party